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| Case Number: | CM15-0024329 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 10/31/2008 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on 10/31/08. He has reported right ankle injury. The diagnoses have included tenosynovitis foot/ankle, right ankle effusion and lumbar radiculopathy. Treatment to date has included physical therapy, oral pain medications and a cane. Currently, the injured worker complains of uncontrolled right ankle pain. Progress note dated 1/13/15 noted Norco 10/325mg 4 times a day is not controlling the pain, he is ambulating with a cane and surgery is recommended. On 1/19/15 Utilization Review non-certified Keflex 500mg #20, noting it is not supported as a standard of care; Norco 5/325mg #60, noting there is no rationale as to why the injured is prescribed 2 short acting opioid medications and modified post op physiotherapy 8 sessions over 8 weeks to eight session with further treatment based on functional improvement. The MTUS, ACOEM Guidelines, was cited. On 1/27/15, the injured worker submitted an application for IMR for review of Keflex 500mg #20, Norco 5/325mg #60 and post op physiotherapy 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Keflex 500mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Infectious Diseases Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online, Keflex Entry.

Decision rationale: With regard to the request for Keflex, this is an antibiotic which treats a variety of infection, including skin infections or urinary tract infections. This antibiotic provides coverage for skin bacteria flora, such as Staph aureus. In this case, the requesting provider wishes to utilize this as infection prophylaxis following ankle surgery. This is an appropriate infection prevention strategy and is medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supplies the requisite monitoring documentation to continue this medication.

Post Op Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 12-14.

Decision rationale: The California Code of Regulations Section 9792.20 on pages 12-14 describes guidelines for post-operative physical therapy in ankle and foot disorders as excerpted below: Peroneal tendon repair [DWC]: Postsurgical treatment: 8 visits over 3 months* Postsurgical physical medicine treatment period: 6 months Posterior tibial tendonitis [DWC]: Postsurgical treatment: 8 visits over 3 months* Postsurgical physical medicine treatment period: 6 months Posterior tibial tenosynovitis (partial or complete rupture) [DWC]: Postsurgical treatment: 8 visits over 3 months* Postsurgical physical medicine treatment period: 6 months In this worker, the proposed surgery is a tenolysis of the right peroneal tendon, after conservative measures have failed. The UR determination has already certified the surgery, and therefore the request should have been for 8 visits of PT post-operatively, not 12 visits. The original request is not medically necessary.